

SPRING CAMP 2017

KIDS AGES 5-12 YEARS | TWO LOCATION OPTIONS | VARIETY OF TIMES



**ARTS AND CRAFTS, SPORTS TIME, MOVIES,
BOARD GAMES, TEAM GAMES, READING TIME AND MORE!**

ARNOLD RUE

5758 Lorraine Avenue
(209) 937-7350

Fee: \$80 per child/per week
\$60 per additional sibling

Camp Days and Times:

Monday - Friday
7:30am - 5:30pm

1st week: Starts March 20
2nd week: Starts March 27

SEIFERT CENTER

128 W. Benjamin Holt Drive
(209) 937-8307

Fee: \$40 per child/per week
\$30 per additional sibling

Camp Days and Times:

Monday - Friday
10:00am - 3:00pm

One Week Only
Starts March 20

*10 camper minimum or camp will be
cancelled by 3/13

2017 CAMP PERMISSION SLIP/MEDICAL RELEASE

Camp Location Applying For: _____

Participant's Full Name: _____ DOB: _____ Age: _____ Sex: ☐ M ☐ F

Father/Guardian:	_____
Father Home #:	_____
Father Cell #:	_____
Father Work #:	_____
Father Email:	_____

Mother/Guardian:	_____
Mother Home #:	_____
Mother Cell #:	_____
Mother Work #:	_____
Mother Email:	_____

Street Address: _____ City: _____ Zip: _____

EMERGENCY CONTACT: Name: _____

Relationship to Child: _____ Cell #: _____ Work#: _____ Home #: _____

INSURANCE CARRIER: _____ I.D.#: _____

Children must be signed in/out daily by an adult listed below. Individuals must be 18 years of age and possess a valid drivers license.
Individuals will be required to show their drivers license.

Name	Relationship	Home/Cell Phone	Work Phone
_____	_____	_____	_____
_____	_____	_____	_____

ASSIGNED DROP-OFF/PICK-UP INDIVIDUALS:

Special Conditions (Disabilities, allergies, medical emergency information): _____

Campers must be able to monitor/administer their own medication at camp. Is your child taking any medication? ☐ Yes ☐ No
List Medication/Reason/Dosage/Interval: _____

PARENT/GUARDIAN CONSENT OF WAIVER FOR PARTICIPATION: I fully understand that my participation in this event/program exposes me to the risk of personal injury or property damage. I hereby acknowledge that I am voluntarily participating in this event/program and agree to assume and such risk. I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property arising out of, or in connection with, my participation in the event/program from whatever cause, including the active or passive negligence of the promoter/organizer or City of any other participant in the event/program. In consideration for being permitted to participate in the event/program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions, or suits arising out of or in connection with my participation. This form will serve as a medical release in the case of an emergency. I also understand that by participating in this event/program that I am giving consent for images of myself to be used for promotional purposes or instruction by the City of Stockton.

I have carefully read this release, hold harmless and agree not to sue and fully understand its contents. I am aware that this form is a full release of all liabilities and signed by my own free will.

PARENT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY: DATE RECEIVED: _____

FEE ENCLOSED: _____